

# California Allocation of Estimated Tax Payments to Beneficiaries

**2006****541-T**

For calendar year 2006 or fiscal year beginning month \_\_\_\_ day \_\_\_\_ year \_\_\_\_, and ending month \_\_\_\_ day \_\_\_\_ year \_\_\_\_

Name of estate or trust

FEIN

Name and title of fiduciary

Address of fiduciary (number and street, including Apt. or Suite number, PO Box, rural route, or PMB no.)

City

State

ZIP Code

If you are filing this form for the final year of the estate or trust, check this box. ☐

1 Total amount of estimated taxes to be allocated to beneficiaries ..... \$ \_\_\_\_\_

2 Allocation to beneficiaries:

(a) No.	(b) Beneficiary's name and address	(c) Beneficiary's SSN/ITIN or FEIN	(d) Amount of estimated tax payment allocated to beneficiary	(e) Proration percentage
1				%
2				%
3				%
4				%
5				%
6				%
7				%
8				%
9				%
10				%

3 Total from additional sheet(s) .....

3

4 Total amounts allocated. (Must equal line 1, above) .....

4

Under penalties of perjury, I declare that I have examined this allocation, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of fiduciary or officer representing fiduciary

Date

Mailing  
Address

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0002

**Note: Do not file with Form 541.**

# Instructions for Form 541-T

## California Allocation of Estimated Tax Payments to Beneficiaries

### General Instructions

#### A Purpose

A trust or, for its final year, a decedent's estate may elect under California Revenue and Taxation Code Section 17731 and Internal Revenue Code Section 643(g) to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The trustee or fiduciary files Form 541-T to make the election. Once made, the election is irrevocable.

**Note:** Do not distribute withholding to beneficiaries on Form 541-T. Use Forms 592, Nonresident Withholding Annual Return, and 592-B, Nonresident Withholding Tax Statement, to allocate withholding.

#### B How to File

File Form 541-T separately from Form 541, California Fiduciary Income Tax Return. **Do not attach Form 541-T to Form 541.**

#### C Where to File

Mail Form 541-T to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0002

#### D When to File

For the election to be valid, a trust or decedent's estate must file Form 541-T by the 65th day after the close of the taxable year as shown at the top of the form. If the due date falls on a Saturday, Sunday, or legal holiday, file on the next business day. For a calendar year trust, the due date is on or before **March 6, 2007.**

#### E Period Covered

File Form 541-T for calendar year 2006 and fiscal years beginning in 2006. If the form is for a fiscal year or a short year, enter the taxable year in the space at the top of the form.

#### F Internet Access

You can download, view, and print California tax forms and publications from our Website at **www.ftb.ca.gov**.

Access other state agencies' Websites through the State Agency Index on California's Website at **www.ca.gov**.

### Specific Line Instructions

#### Fiduciary's Street Address

If you lease a PMB from a private business rather than a PO box from the United States Postal Service, include the box number in the address area.

#### Private Mail Box (PMB)

Include the Private Mail Box (PMB) in the address field. Write the acronym "PMB" first, then the box number.

Example: 111 Main Street PMB 123.

#### Line 1

Enter the amount of the estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the taxable year of the trust or decedent's estate. Be sure to include the amount on Form 541, Schedule B, Income Distribution Deduction, line 11.

#### Line 2

##### Column (b) – Beneficiary's name and address

Group the beneficiaries to whom you are allocating estimated tax payments into two categories. In the first category, list all the individual beneficiaries who have a social security number (SSN) or individual taxpayer identification number (ITIN). In the second category, list all the other beneficiaries.

##### Column (c) – Beneficiary's identifying number

For each beneficiary who is an individual, enter the SSN or ITIN. For all other entities, enter the federal employer identification number (FEIN). Failure to enter a valid SSN/ITIN or FEIN may cause a delay in processing and could result in the imposition of penalties on the beneficiary. For those beneficiaries who file a joint income tax return, you can assist the Franchise Tax Board in crediting the proper account by providing the SSN or ITIN, if known, of the beneficiary's spouse. However, this is an optional entry.

##### Column (d) – Amount of estimated tax payment allocated to beneficiary

For each beneficiary, also enter this amount on Schedule K-1 (541), Beneficiary's Share of Income, Deductions, Credits, etc., line 11a.

##### Column (e) – Proration percentage

For each listed beneficiary, divide the amount shown in column (d) by the amount shown on line 1 and enter the result as a percentage.

#### Line 3

If you are allocating a payment of estimated taxes to more than 10 beneficiaries, list the additional beneficiaries on an attached sheet that follows the format of line 2. Enter on line 3 the total from the attached sheet(s). Include the fiduciary name and SSN/ITIN or FEIN on the attached sheet.